IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Michael Snyder
Application No.: 10/821,745   Group No.: 1615
Filed: 04/09/2004   Examiner: Ghali, Isis AD
For: SUSTAINED RELEASE SURGICAL DEVICE AND METHOD OF MAKING AND USING THE SAME

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1.   Transmitted herewith is an amendment for this application.

STATUS

2.   Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3.   The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:
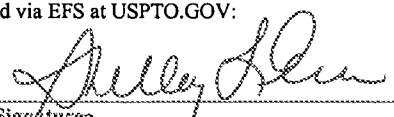
Fee: $60.00

CERTIFICATION OF TRANSMISSION

I hereby certify that, on the date shown below, this correspondence is being filed via EFS at USPTO.GOV:

Date: 1-15-08

Signature

(type or print name of person certifying)

FEE FOR CLAIMS

4.   The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA		RATE		ADDIT. FEE	
TOTAL	1	– 20	= 0	x	$ 25.00	=	$	0.00
INDEP.	1	– 3	= 0	x	$ 105.00	=	$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+	$		=	$	0.00
					TOTAL ADDIT. FEE		$	0.00

The header "SMALL ENTITY" appears above the RATE and ADDIT. FEE columns.

No additional fee for claims is required.

FEE PAYMENT

5.   Authorization is hereby made to charge the amount of $60.00 to Deposit Account No. 50-1097.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

FEE DEFICIENCY

6.   If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date: _____

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